

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33252

396

FILED NOV 6 1950

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 957

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHRISTIAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" PORTER 0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST		d. STREET ADDRESS (If rural, give location) RT. 1, NIXA	
3. NAME OF DECEASED (Type or Print) a. (First) GLADYS b. (Middle) MAE c. (Last) PAYNE		4. DATE OF DEATH (Month) (Day) (Year) 10 31 1950	
5. SEX / FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH FEB. 22-1941
9. AGE (In years last birthday) 7	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD	11. BIRTHPLACE (State or foreign country) NIXA - MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JESSE PAYNE		13b. MOTHER'S MAIDEN NAME CLARA MILLS	
14. NAME OF HUSBAND OR WIFE NEVER MARRIED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JESSE PAYNE, RT. 1, NIXA, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) the obstructive Hydrocephalus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenzal Meningitis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 2-3 weeks 3 1/2 weeks 3400	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield, Greene, Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-10-1950, to 10-31-1950, that I last saw the deceased alive on 10-31-1950, and that death occurred at 12:05 P.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul J. Bissett M.D.		23b. ADDRESS 609 Cherry Springfield, Mo	
23c. DATE SIGNED 11-1-50		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 11-2-1950		24c. NAME OF CEMETERY OR CREMATORY DELAWARE	
24d. LOCATION (City, town, or county) (State) CHRISTIAN CO. MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Dean Harris, Clever, Mo.	
DATE REC'D BY LOCAL REG. 10-1-50		REGISTRAR'S SIGNATURE W.E. Handley M.D.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

John R. Harris
4390

Licensed Embalmer No. _____

P. O. Address _____
Cleves, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.